

Dental Hygiene License Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Dental Hygiene Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Application Instructions Checklist

You should use this application to obtain a dental hygiene license if you have completed an approved dental hygiene education program. The program must be currently accredited or received initial accreditation by the American Dental Association Commission on Dental Accreditation (CODA) on or before June 30, 2007. The program must have included the following curriculum:

- a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar and PSA.
- b. Didactic and clinical competency in the administration of nitrous oxide analgesia.
- c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist.
- d. Didactic and clinical competency in the carving, contouring and adjusting contacts and occlusions of restorations.

If your program did not include the above curriculum:

- You may complete a Washington State approved expanded function education program(s) to meet this requirement. A list of approved expanded function education programs is enclosed in this application.
- You may qualify for the initial limited license. There is a separate initial limited license application. It can be located on our Web site.

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in ink. It is your responsibility to submit the required forms.

☐ **Application Fee.** This fee is non-refundable. You can check the online [fee page](#) for current fees.

☐ **1: Demographic Information:**

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide your month, day and year of birth.

Birth place: Provide the city, state and country where you were born.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

☐ **2: Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

☐ **3: Education:**

List in date order, most recent to later, all of your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

Transcripts: Graduation from an American Dental Association Commission on Dental Accreditation (CODA) dental hygiene education program is the approved education for license. Have your school send official school transcripts directly to Dental Hygiene Credentialing.

☐ **4: Examination:**

Check all the dental hygiene examinations you have taken. The following examinations are the approved examinations for license.

1. Dental Hygiene National Board exam.
2. Washington State Drug and Law exam administered by Dental Assisting National Board, Inc.
3. Western Regional Examining Board (WREB) Hygiene Success Card or Central Regional Dental Testing Service (CRDTS) or North East Regional Board of Dental Examiners (NERB) passing examination scores.

4. The NERB exam is only accepted for the time period of 01/01/2000–08/21/2009.
5. WREB Anesthesia exam.
6. WREB Restorative exam.

☐ **5: Experience:**

List in date order, most recent to later, all of your professional experience and practice from date of graduation from professional college. Attach additional completed pages if you need more space.

☐ **6: Other License, Certification, or Registration:**

List all states, including Washington, where credentials are or were held. List all active, inactive, and expired credentials. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if credential is current. Attach additional completed pages if you need more space. Verification is required on the form provided.

☐ **7: AIDS Education and Training Attestation:**

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of seven hours is required. Course content can be found in [WAC 246-12-270](#).

☐ **8: Applicant's Attestation:**

You must sign and date this for us to process the application.

☐ **9: Applicant's Photograph:**

Attach a current photograph in the box provided or attach it to the application. Indicate date the photograph was taken and sign in ink across the bottom of the photo. The photograph must be a clear, close up and a front view. Your application will not be processed without a current photograph.

Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at [the military resources page](#) and include supporting documentation with your application.

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License Requirements

Thank you for applying to become a licensed dental hygienist in Washington State. To expedite the license process, please be sure the following information has been included with your application.

Verification of exams:

- Western Regional Examining Board (WREB) Hygiene Success Card or Central Regional Dental Testing Service (CRDTS) or North East Regional Board of Dental Examiners (NERB) passing examination scores
The NERB exam is only accepted for the time period of 01/01/2000–08/21/2009.
- WREB Anesthesia Success Card
- WREB Restorative Success Card

If you took the exams this year, copies of your certificates are acceptable.

If you took the exams in previous years, a certification of your scores is needed directly from WREB/CRDTS/NERB of each exam. Note: WREB/CRDTS/NERB may charge a processing fee. Please contact them prior to your request to prevent a delay.

Western Regional Examining Board
23460 North 19th Avenue, Suite 210
Phoenix, AZ 85027.
602.944.3315

Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd
Topeka, KS 66604-3333
785.273.0380

North East Regional Board of Dental Examiners, Inc.
8484 Georgia Avenue Suite 900
Silver Spring, MD 20910
301.563.3300

Verification of your Washington State Dental Hygiene Drug and Law Exam. The examination includes questions on legend (prescription) drugs and dental hygiene and dental laws and rules for Washington State.

- A minimum score of 90 percent is required.
- Dental hygiene laws and rules are located in [RCW 18.29](#) and [WAC 246-815](#).
- Dental laws and rules are located in [RCW 18.32](#) and [WAC 246-817](#).
- Dental Assisting National Board, Inc. gives the exam. An application to apply for this exam is enclosed.

Verification(s) will only be accepted when received by the department directly from the source. These items should not be included with your application. Send documents directly to:

Department of Health
Dental Hygiene Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Initial Limited License requirements: To expedite the license process, please be sure the following information has been included with your application.

- ☐ Official dental hygiene school transcripts showing degree and date degree was conferred. The program must be currently accredited or received initial accreditation by the American Dental Association Commission on Dental Accreditation (CODA) on or before June 30, 2007.
- ☐ Expanded functions education form received from your CODA accredited dental hygiene program or the approved expanded functions dental hygiene program. A combination of verifications is acceptable.
- ☐ Verification of your passing the Dental Hygiene National Board Examination. To obtain verification of your exam scores contact:

Joint Commission on National Dental Hygiene Examinations
211 East Chicago Avenue, Suite 600
Chicago, Illinois 60611-2637
1.800.232.1694
- ☐ **License certification form.** A verification/certification from any state you have been credentialed in must be sent directly to the dental hygiene program.

Requirements for License by Interstate Endorsement of Credentials

In addition to meeting all the requirements listed above (Requirements for Dental Hygienists) you must meet the following:

1. Pay the credentialing application [fee](#).
2. You have a nonlimited license by examination in another state. The other state's current licensing standards must be substantially equivalent to Washington State.
Review [WAC 246-815-100](#) to determine if your state may meet this requirement.
3. You have a current license in another state and have been engaged in clinical practice with in the previous year as a dental hygienist.

Note: Some applicants do not qualify for license by interstate endorsement. However, these same applicants may qualify for the initial limited license. There is a separate initial limited license application located on our [Web site](#).

Other Information

Criminal history checks are conducted for all license applicants. If you answered yes to any of the personal data questions, please submit the appropriate supporting documentation as indicated on the application. If your application is incomplete, you will be mailed a letter regarding the deficiencies.

- The application is considered incomplete if requested information is left blank. Write N/A or place a line through section instead of leaving blank.
- The initial license will expire on your birthday unless the license is issued within 90 days of your next birthday. See [WAC 246-12-020 \(3\)](#).
- A courtesy renewal notice will be mailed to your address on record. You must keep your address current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- Information regarding the dental hygiene program is available on our [Web site](#).

Note: You cannot practice dental hygiene until your license is issued.

Background
Check
Stamp
Here

Date
Stamp
Here

Revenue: 0251040000

Dental Hygiene Application

Please type or print clearly. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so could result in a delay in processing your application.

☐ License by examination

☐ License by endorsement of credentials and examination

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions)

☐ Male

☐ Female

Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)	Place of birth		
	City	State	Country

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address:

Mailing address if different from above address of record

City	State	Zip Code	County
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Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No

If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No

If yes, list name(s):

Dental Hygiene School	Year graduated
-----------------------	----------------

Approved dental hygiene expanded functions program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date approved
--	---------------

For Office Use Only

License # _____ Issue Date _____

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☐

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☐

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction ☐ ☐

Note: If you answered “yes” to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered “yes” to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☐
- b. Diverted controlled substances or legend drugs? ☐ ☐
- c. Violated any drug law? ☐ ☐
- d. Prescribed controlled substances for yourself? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements? ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☐
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☐
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☐

3. Education

List in date order, most recent to later, all of your educational preparation. Attach additional completed pages if you need more space.

Schools Attended Full Name, City and State	Degree Earned	Attendance Dates	
		Start (mm/yyyy)	End (mm/yyyy)

4. Examination

The examinations listed below are the approved examinations for licensure. Check all you have taken.

- ☐ Dental Hygiene National Board exam.
- ☐ Washington State Drug and Law exam (administered by Dental Assisting National Board, Inc.)
- ☐ Western Regional Examining Board (WREB) Hygiene Success Card or Central Regional Dental Testing Service (CRDTS) or North East Regional Board of Dental Examiners (NERB) passing examination scores.
- ☐ WREB Anesthesia exam.
- ☐ WREB Restorative exam.

5. Experience

List in date order, most recent to later, all of your professional experience and practice from date of graduation from professional college. Include the month/day/year. Attach additional completed pages if you need more space.

Name of Business	Total Number of Months	Dates	
		Start mm/yyyy	End mm/yyyy

6. Other License, Certification, or Registration

List all states, including Washington, where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current. Attach additional completed pages if you need more space.

State/ Jurisdiction	Profession	Certificate		Permanent or Temporary	Certificate		Currently in force
		Year issued	Number		Year issued	Number	
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes

7. AIDS Education and Training Attestation

I certify I have completed the minimum of seven hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand if I provide any false information, my license may be denied, or if issued, suspended or revoked.**

Applicant's Initials

Date

8. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of
(Print applicant name clearly)
the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, state)

By: _____
(Signature of applicant)

9. Applicant's Photograph

Photo Here



Attach Current Photograph Here.

Indicate Date Taken and Sign in Ink Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

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Dental Hygiene Expanded Functions Education Information

Applicants interested in taking approved expanded function courses in preparation for Washington State Dental Hygiene License, may contact the schools listed below for courses which may include local anesthetic, nitrous oxide/oxygen analgesia and restorative dentistry.

Pierce College Tacoma, WA	CE Questions - 253.840.8452 www.pierce.ctc.edu/Go/PNDHI Spring Course (March—Anesthetic and Nitrous Oxide) Summer Course (August—Anesthetic, Nitrous Oxide and Restorative)
Clark College Vancouver, WA	Contact Verna Goll 360.992.2743 or Donna Whitmeyer 360.992.2474 Summer Course ONLY (Anesthetic, Nitrous Oxide and Restorative)
Lake Washington Institute of Technology Kirkland, WA	Contact the Dental Hygiene Department: Beth Davis at 425.739.8386 or Monta Frost, Director at 425.739.8404 Winter (Anesthetic and Nitrous Oxide) Summer (Anesthetic and Nitrous Oxide)
Phoenix College Phoenix, AZ	Contact Nan Reif, Director, Center for Health Professions 602.285.7331 Classes available in May and in the Fall (Anesthetic and Nitrous Oxide)
Oregon Health & Science University Portland, OR	Contact Debbie Reaume, Continuing Education Program 503.494.8857 Contact school for class date and times (Nitrous Oxide)

Restorative Refresher Board Prep Courses

Clark College Vancouver, WA	Contact Karla Sylvester 360.992.2435 Classes available three times a year
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AIDS Education Information

Following are possible contacts for information on available AIDS Education Classes for dental hygienists:

Class

Clark College
Workforce Development and Continuing Education
1800 East McLoughlin Blvd., Mail Stop: 6
Vancouver, Washington 98663
360.992.2939

Other Sources

InfoNet
Red Cross
Local Fire Department
[Department of Health Online
Resources Page](#)

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Dental Hygiene Credentialing
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

ADA Accredited Dental Hygiene Programs Education Verification

1. _____ graduated on _____
Name mm/dd/yyyy
from _____ Dental Hygiene Program, which is accredited
Name of program
by the American Dental Association Commission on Dental Accreditation for dental hygiene.

2. The accredited dental hygiene program named above required this student to successfully demonstrate the following: (Please check answers applicable to this student.)

Please note clinical competency means on live patients.

Yes No

- ☐ ☐ a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar, and PSA.
- ☐ ☐ b. Didactic and clinical competency in the administration of nitrous oxide analgesia.
- ☐ ☐ c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist.
- ☐ ☐ d. Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.



Name of Dental Hygiene ADA Accredited Program Director
(please print or type)

Signature of Dental Hygiene ADA Accredited Program Director

Subscribed and sworn to before me this _____

day of _____ 20 _____

Notary for and in the state

of _____

Residing at _____

My commission expires _____

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Dental Hygiene Credentialing
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

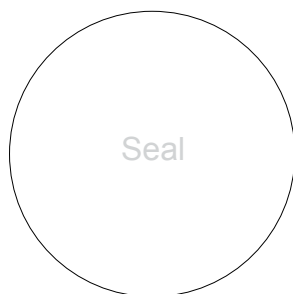
Secretary Approved Expanded Functions Education Verification

_____ has successfully demonstrated the following at
Name _____, which is a dental hygiene expanded functions
Name of program _____
education program approved by the Secretary of the Department of Health.

Please check the answers applicable to this student. Please note clinical competency means on live patients.

Yes No

- ☐ ☐ a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar, and PSA;
- ☐ ☐ b. Didactic and clinical competency in the administration of nitrous oxide analgesia;
- ☐ ☐ c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist; and
- ☐ ☐ d. Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.



Name of Dental Hygiene Expanded Functions Program Director
(Please print or type)

Signature of Dental Hygiene Expanded Functions Program Director

Subscribed and sworn to before me this _____

day of _____ 20 _____

Notary for and in the state

of _____

Residing at _____

My commission expires _____

(This page intentionally left blank.)

Out-of-State Credential Verification

This document must be completed by every state in which you hold or have ever held a dental hygiene license. Return to: Department of Health, Dental Hygiene Credentialing, PO Box 47877, Olympia, Washington 98504-7877.

I, _____, Secretary of _____

hereby certify _____

was granted state credential number _____

to practice _____ in the State of _____

on the _____ day of _____, 20_____ on the basis of successfully passing the

_____ examination.

Status of License

☐ Current Expiration Date _____ ☐ Expired Date _____

Type of license issued ☐ Full ☐ Limited ☐ Conditional (If so, please explain)

Legal/Disciplinary Action (if any) ☐ Yes ☐ No If "Yes", explain _____

As of July 7, 2006, the following states are **not approved** by the Washington State Dental Hygiene Program to have a substantively equivalent scope of practice: Delaware, Indiana, Kentucky, and New York.

Note: Please complete the following page **only** if your state is listed above.

This Form May Be Duplicated

Out-of-State Credential Verification

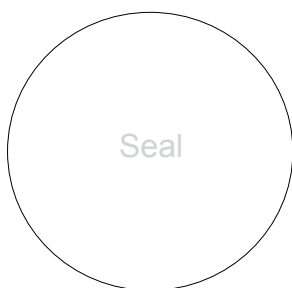
The state of _____ allows the following scope of dental hygiene practice:

Yes

No

- | | | |
|-------|-------|---|
| _____ | _____ | (a) Oral inspection and measuring of periodontal pockets; |
| _____ | _____ | (b) Patient education in oral hygiene; |
| _____ | _____ | (c) Taking intra-oral and extra-oral radiographs; |
| _____ | _____ | (d) Applying topical preventive or prophylactic agents; |
| _____ | _____ | (e) Polishing and smoothing restorations; |
| _____ | _____ | (f) Oral prophylaxis and removal of deposits from the surface of the teeth; |
| _____ | _____ | (g) Recording health histories; |
| _____ | _____ | (h) Taking and recording blood pressure and vital signs; |
| _____ | _____ | (i) Performing subgingival and supragingival scaling; and |
| _____ | _____ | (j) Performing root planing. |

I further certify this information is true and correct to the best of our knowledge.



Acting in behalf of the _____
 Official Name of Board

Secretary _____

Date certification prepared _____

This Form May Be Duplicated

Qualifying Examinations for License for Dental Hygienists in Washington State

Region	State..... Qualifies For:
Western Regional Examining Board (WREB)	Alaska..... Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Arizona Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Idaho Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Kansas Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Missouri Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Montana Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	New Mexico Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	North Dakota Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Oklahoma Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Oregon Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Texas Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Utah..... Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
	Wyoming Patient Evaluation / Prophylaxis (Restorative or Anesthetic—if taken)
Central Regional Dental Testing Service (CRDTS)	Colorado..... Patient Evaluation / Prophylaxis
	Georgia..... Patient Evaluation / Prophylaxis
	Hawaii..... Patient Evaluation / Prophylaxis
	Illinois Patient Evaluation / Prophylaxis
	Iowa..... Patient Evaluation / Prophylaxis
	Kansas Patient Evaluation / Prophylaxis
	Minnesota Patient Evaluation / Prophylaxis
	Missouri Patient Evaluation / Prophylaxis
	Nebraska Patient Evaluation / Prophylaxis
	North Dakota Patient Evaluation / Prophylaxis
	South Dakota..... Patient Evaluation / Prophylaxis
	Wisconsin Patient Evaluation / Prophylaxis
	Wyoming Patient Evaluation / Prophylaxis
Northeast Regional Board of Dental Examiners (NERB) The NERB exam is only accepted for the time period of January 1, 2000 to August 21, 2009	Connecticut Patient Evaluation / Prophylaxis
	Illinois Patient Evaluation / Prophylaxis
	Indiana..... Patient Evaluation / Prophylaxis
	Maine..... Patient Evaluation / Prophylaxis
	Maryland..... Patient Evaluation / Prophylaxis
	Massachusetts Patient Evaluation / Prophylaxis
	Michigan Patient Evaluation / Prophylaxis
	New Hampshire..... Patient Evaluation / Prophylaxis
	New Jersey..... Patient Evaluation / Prophylaxis
	New York Patient Evaluation / Prophylaxis
	Ohio..... Patient Evaluation / Prophylaxis
	Pennsylvania Patient Evaluation / Prophylaxis
	Rhode Island Patient Evaluation / Prophylaxis
	Vermont..... Patient Evaluation / Prophylaxis
	Washington DC Patient Evaluation / Prophylaxis
	West Virginia Patient Evaluation / Prophylaxis

Region	State..... Qualifies For:
Southern Regional Testing Agency (SRTA)	Arkansas Does not qualify
	Kentucky..... Does not qualify
	South Carolina..... Does not qualify
	Tennessee Does not qualify
	Virginia Does not qualify
	West Virginia Does not qualify
Individual States	California Does not qualify
	Delaware Does not qualify
	Florida Does not qualify
	Indiana..... Does not qualify
	Missouri Does not qualify
	Nevada Does not qualify
Council of Interstate Testing Agencies (CITA)	Alabama Does not qualify
	Louisiana Does not qualify
	Mississippi Does not qualify
	North Carolina Does not qualify
	West Virginia Does not qualify

Washington State Dental Hygiene Drug and Law Exam

2013 Exam Application

2013 Application and Exam Fees Valid Through December 31, 2013

This application packet provides information concerning the Washington State Dental Hygiene Drug and Law (WSJ) Exam required for Dental Hygienist licensure in the state of Washington.

The WSJ Exam is administered by the Dental Assisting National Board, Inc. (DANB) under an agreement with the Washington State Department of Health (WSDOH). This exam consists of 20 items covering the Washington State Dental Hygiene Practice Act, Dental Regulations for the State of Washington and legend (Prescription) drugs.

Exams are administered in a computerized format at any of the national testing centers contracted by DANB. Candidates are given 45 minutes to complete the 20-item exam. Pertinent sections of the act, regulations, and prescription drug references appear on

the computer screen adjacent to each test question.

The following links to Washington state websites are included as reference points for candidates who wish to prepare for the Washington State Dental Hygiene Drug and Law Exam:

Dental Hygiene Law in the state of Washington:

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.29>

Dental Hygiene Rules in the state of Washington:

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-815>

Dental Rules in the state of Washington:

<http://apps.leg.wa.gov/wac/default.aspx?cite=246-817>

Washington State Department of Health:

<http://www.doh.wa.gov/>

Applying For the WSJ Exam

3-4 week processing/ mailing time

1. Candidate mails/faxes exam application and fees to DANB.
2. DANB processes candidate exam application.
3. If the exam application is accepted as complete, DANB mails exam candidate a *Test Admission Notice*.

60-day window to schedule and take exam

4. Candidate schedules exam location, date and time with testing vendor Pearson VUE.
5. Candidate sits for DANB exam.
6. Official exam results are provided to candidate at the testing center.

Test Center Locations

DANB exams are administered on computer at Pearson VUE test centers all year.

Test Center Locations

Washington: Renton, Seattle, Spokane Valley, Yakima

Oregon: Beaverton, Bend, Medford, Salem, Portland

Submitting an Exam Application

Exam applications may be mailed or faxed to DANB. The candidate should read this packet carefully to ensure the completed application is submitted with all required documents and fees.

Signing and dating the application is required. By signing and dating the application, the candidate affirms that the application and documentation are accurate and that the

candidate agrees to abide by all applicable DANB policies described in this packet, including the *Application Statements* on page 6. The signature also allows DANB to release exam results to state regulatory agencies.

Payment Instructions

DANB accepts payment by check, money order or credit card (Visa, MasterCard, American Express or Discover). Check or money order payments must be payable to DANB in U.S. dollars and written in English. The application is a contract to test, and the check or credit card authorization is the contract to pay. The candidate should put his or her name on the check.

Returned Checks

If a candidate applies for an exam with a check that is returned by the bank for any reason (including but not limited to nonsufficient funds, stop payment, closed account or refer to maker), DANB will assess a \$25 nonsufficient funds (NSF) fee to the candidate's account and notify the candidate. The candidate will not be allowed to take the exam until a cashier's check or money order for the full application and exam fee plus the \$25 NSF fee has been received. If full payment has not been received within 30 days, the application will be null and void and the candidate's account will remain on finance hold. The candidate must pay \$75 (the \$25 NSF fee and \$50 nonrefundable processing fee) before DANB will remove the finance hold and process any exam application. No new business will be allowed for the candidate until the finance hold has been removed.

Incomplete Exam Applications

The candidate is responsible for submitting a complete exam

Washington State Dental Hygiene Drug and Law Exam

application. Incomplete applications are returned to the candidate, and a letter indicating the reasons for the incomplete application will be sent to the candidate and the payer (if different). A refund for the exam fee, minus the \$50 nonrefundable application fee, will be sent within 30 days of notice of the incomplete application. Refunds will be made only to the payer.

An exam application is considered incomplete for reasons including but not limited to:

- Missing information (e.g., candidate and/or payment information)
- Appropriate documentation is not enclosed
- No date or signature
- Insufficient payment
- Expired exam application

Duplicate Exam Application Policy

If two applications are received for the same exam, completed applications will be accepted, and duplicate payments will be returned, minus the \$50 nonrefundable application fee, within 30 days, after the payment clears.

Group Testing

Groups of four or more candidates may request to take any DANB exam on the same day, at or around the same time. Download the *Group Testing Form* from www.danb.org or contact DANB at 1-800-367-3262, ext. 452, with questions.

Candidates With Disabilities

DANB exams are designed to provide an equal opportunity for each candidate to demonstrate his or her knowledge-based competency. The exam will be administered to best ensure that it accurately reflects a candidate's aptitude, achievement levels or other skills intended to be measured, rather than reflecting a candidate's impaired sensory, manual or speaking skills except where those skills are factors the examination purports to measure.

DANB adheres to the provisions outlined in the Americans with Disabilities Act. In accordance with this act, DANB will make every reasonable effort to offer the exams in a manner that is accessible to people with disabilities. If auxiliary aids or alternative arrangements are required, DANB will attempt to make the necessary provisions, unless providing such would fundamentally alter the measurement of skills and knowledge the exam is intended to test, would result in undue burden, or would provide an unfair advantage to the disabled candidate.

To allow sufficient time to make the necessary arrangements for modifications or auxiliary aids, the candidate must submit the *Reasonable Accommodations Request* form (found on www.danb.org) with the required documentation and exam application, specifying exactly what aid or modification is requested by a physician or psychologist. DANB will only accept the form found on www.danb.org. DANB reserves

the right to authorize the use of auxiliary aids or modifications in such a way as to maintain the exam integrity and security. DANB exams are administered only in the English language. Modifications will not be approved for a candidate who requests accommodations because English is a second language. Call 1-800-367-3262, ext. 452, with questions.

DANB's Nondiscrimination Policy

DANB does not discriminate in application, examination or certification activities on the basis of age, sex, gender identity, marital status, race, color, religion, national origin, sexual orientation or disability.

Scheduling a DANB Exam

Receiving the Test Admission Notice

DANB will send the candidate a *Test Admission Notice* within three to four weeks of receiving the completed exam application. The *Test Admission Notice* confirms that the candidate is eligible to take the exam and includes instructions to schedule the exam appointment.

The candidate must check the *Test Admission Notice* for any errors and report them to DANB immediately at 1-800-367-3262.

Call DANB immediately if:

- The exam the candidate registered for is not the one listed
- The candidate's name is spelled incorrectly
- The candidate's ID reflects a different name than the one used to register to test (e.g., married, maiden, hyphenated, mother's maiden name)

The name on the *Test Admission Notice* must match the ID that the candidate will bring to the test center. The middle name does not need to be spelled out, but the initial must match (e.g., "M" on the ID and "Mary" on the *Test Admission Notice* is acceptable and vice versa).

The candidate will be turned away from testing if the name on the ID does not match the *Test Admission Notice*. The candidate would need to reapply and pay full exam/application fees.

The 60-Day Testing Window

The candidate must take the exam within the 60-day window listed on DANB's *Test Admission Notice*.

Scheduling an Exam Appointment

The candidate should schedule the exam appointment as soon as he or she receives the *Test Admission Notice*. The *Test Admission Notice* includes instructions to schedule the exam appointment at a Pearson VUE location. To find the nearest testing center, visit www.vue.com/danb or see the *Test Center Locations* section in this packet.

Washington State Dental Hygiene Drug and Law Exam

Appointments are scheduled on a first-come, first-served basis. Test centers may have limited availability. Changes to test centers may occur without notice. DANB cannot guarantee the availability of specific test center locations, dates or times.

Exam Appointment Confirmation

After the candidate schedules the exam appointment, he or she will receive a confirmation via email (if the candidate's email address was included on the exam application) or regular mail from Pearson VUE.

Candidates should open and read all email and/or mail from Pearson VUE. There will be important information regarding the appointment.

Rescheduling an Exam Appointment

The candidate may reschedule an exam appointment within the 60-day window. Regardless who paid for an exam, only the candidate may reschedule an exam. To reschedule the exam appointment within the 60-day window, the candidate must contact Pearson VUE. The candidate may reschedule the appointment up to 24 hours before his or her scheduled exam time at no additional fee. See the *Test Admission Notice* for Pearson VUE contact information.

Extending the 60-Day Testing Window

The candidate may extend the testing window an additional 60 days for a \$55 fee. The candidate must complete the following steps:

STEP 1: Cancel the appointment: The candidate must cancel his or her exam appointment with Pearson VUE at least 24 hours before the scheduled exam time. See the *Test Admission Notice* for Pearson VUE contact information.

STEP 2: Request to reschedule the 60-day testing window. Submit the *Request to Reschedule a Testing Window* form and \$55 fee so that it is received up to **60 days after the end of the 60-day window**. Go to www.danb.org to download the form. Within three weeks, the candidate will receive a new *Test Admission Notice* with a new 60-day window. Note: A candidate may reschedule an exam up to three times. After the third reschedule, a current exam application with required documentation and full fee must be submitted.

Rescheduling Due to an Emergency

If a candidate misses an exam due to a personal emergency, the candidate must submit a *Request to Reschedule Due to an Emergency* form explaining the emergency, including supporting documents. The candidate must submit the request within 30 days of the scheduled exam date. Download the form at www.danb.org. Call 1-800-367-3262 with any questions about what constitutes an emergency and appropriate supporting documentation. Approved requests will be rescheduled at no additional fee.

Canceling an Exam

If a candidate has submitted an application for an exam and wishes to cancel (not reschedule), the candidate forfeits full application/exam fees and the application is null and void. No refunds are given for canceled exams due to the fact that DANB's nonrefundable application fee of \$50 and cancellation fee of \$35 are nearly equal to the Washington Dental Hygiene Law Exam fee of \$90.

When Pearson VUE Cancels an Exam Appointment

In the event of weather or other emergency, Pearson VUE will try to notify candidates by phone of a cancellation and will reschedule at no additional fee.

Taking a DANB Exam

What to Bring to the Test Center

Bring the *Test Admission Notice* and one form of ID.

The ID must be a currently valid, non-expired government or school-issued photo and signature-bearing ID, in roman characters. A driver's license, passport, military ID card, state ID card, U.S. government-issued permanent resident card or current school year ID card are all acceptable. Test centers may use an electronic fingerprinting, palm vein and/or photographic security system for identification purposes only. Test centers may use a video/audio recording system to enhance exam security. The candidate must not bring any reference materials or notes into any test center area. The candidate will be provided with an erasable noteboard and marker to use during the exam. No visitors or unauthorized individuals will be permitted in any test center area during testing sessions.

Test Center Environment

The candidate will receive a tutorial before the exam to help the candidate feel comfortable with the computerized format. Time spent on the tutorial will not count as part of the exam time period. The tutorial is not a practice test. The tutorial describes how to mark answers and return to questions for review and comment.

There are no breaks during the exam. Candidates may be excused to visit the restroom, one at a time. During the absence, the exam time clock will continue to run. No additional time will be provided. There is no requirement for specific clothing, but it is a good idea to wear comfortable clothing in layers to adjust for minor fluctuations in room temperature. It is also a good idea to wear soft-soled shoes to allow the candidate to leave his or her seat without disrupting others.

Late Arrival or Failure to Appear

If the candidate arrives more than 15 minutes after a scheduled appointment, the candidate will be accommodated at the discretion of the test center administrator. If the test center administrator is unable to accommodate the candidate, the candidate then forfeits the full application/exam fees, and

Washington State Dental Hygiene Drug and Law Exam

the application is null and void; the candidate must reapply. If the candidate fails to appear for a scheduled exam, the candidate forfeits the full application/exam fees, and the application is null and void, unless the candidate qualified for an emergency reschedule (see section above).

Candidate Behavior Before, During and After an Exam Appointment

Improper behavior is not acceptable before, during or after an exam appointment. DANB seeks to ensure a fair and equitable testing experience for all individuals and to ensure the security and reliability of the process. *DANB's Disciplinary Policy & Procedures* form, which is available at www.danb.org, contains examples of improper behavior.

The behavior of each candidate taking the exam will be monitored. The exam is confidential. Any individual who removes or attempts to remove testing-related materials from the test center, or who attempts to memorize, distribute or otherwise misuse an exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of DANB, will be subject to legal action. Any candidate or certificant who engages in improper behavior also will be subject to disciplinary action by DANB, which may include denial or revocation of certification or recertification. ***DANB's Disciplinary Policy & Procedures* document is available at www.danb.org.**

The test center administrator will notify DANB of anyone who talks during the exam, gives or receives assistance, or otherwise engages or appears to engage in dishonest or improper behavior before, during, or after the exam. Those candidates may be required to cease taking the exam and leave the test center. The test center administrator will send a report to DANB regarding the incident. After reviewing a reported incident, DANB will determine whether there is reason to believe that a candidate has engaged in cheating or other improper behavior, or has otherwise violated the security of the exam. If DANB determines that the incident report is valid, DANB may, at its discretion, pursuant to the procedures set forth in the *DANB Policy & Procedures for Disciplinary Review and Appeal* form, take disciplinary actions, including but not limited to the following:

- Order the candidate to retake the exam at a time and place to be determined by DANB
- Invalidate or refuse to release the score of the candidate
- Deny the candidate's current application for certification
- Require the candidate to wait a specified period of time before reapplying to take the exam
- Revoke the candidate's eligibility to sit for future exams
- Take a combination of any of the above actions or other action that DANB may deem appropriate.

If a test center administrator allows a candidate to take an exam that the candidate is not registered for, those results will not be valid. The original application will be considered

null and void, and the full application and exam fees will be forfeited. The candidate will be required to reapply with a new application with required documentation and payment of the full exam and application fees.

After the Exam

Name/Address Changes

The candidate must notify DANB of address changes or any errors in the candidate's name. Call 1-800-367-3262 or email danbmail@danb.org. A candidate must submit a *Name Change Request* form and required documentation to change a name with DANB. The form is available at www.danb.org.

DANB Communications

All communications sent to and from DANB are DANB's property. DANB cannot guarantee that communications will remain confidential; clients have no expectation of privacy with respect to items sent or received. DANB may disclose communications as necessary to comply with legal processes. DANB responds to phone and email messages within two business days.

Hand Scoring

DANB will hand score an exam on request. The candidate must submit a *Request for Hand Scoring of Exam Results* form and a \$50 hand scoring fee to DANB within 30 days after the official score date printed on the exam results or certificate received. The form is available on DANB's website at www.danb.org. Hand scoring results of the exam are completed within 30 days of a request. If the pass/fail status is reversed as a result of the hand scoring, the \$50 fee will be refunded.

Official Exam Results

WSJ candidates will receive official exam results at the test center upon completing the exam. This will be the candidate's only exam results. Please keep these results, as the Washington State Department of Health may request a copy when you apply for your license. See www.danb.org for details.

Retaking a Failed Exam

If the candidate takes an exam and does not pass, the candidate must reapply for the exam with a new application and fee in order to take the exam again. State laws may require additional schooling after failed attempts. Visit www.danb.org for state contact information.

Release of Exam Results

Exam pass/fail results will not be released to employers or any individuals other than the candidate, except on written request of the candidate. DANB releases exam results or certification verifications to some state regulatory agencies. DANB also releases aggregate results to program directors

Washington State Dental Hygiene Drug and Law Exam

for candidates who are graduates from or students in the program director's dental assisting programs.

Appealing a Decision

If a candidate wishes to appeal a DANB decision regarding eligibility, administrative or exam content issues, he or she may submit a *Request for Reconsideration Under DANB's Review and Appeal Process* form and a \$25 appeal fee to DANB's Executive Director within 30 days of the date on the DANB correspondence that prompts the candidate to appeal (e.g., date on the letter indicating the candidate's application was incomplete, date on candidate exam results). The policy governing requests for reconsideration is available by contacting DANB's Manager, Professional Conduct and Trademark Usage, at 1-800-367-3262, ext. 472.

Verification of Certificates and Certification

DANB will verify DANB certification and DANB exam pass/fail status and the effective date(s) of certification over the phone to anyone on request, since these items are matters of public record and may be disclosed. DANB will not verify passing status of state exams over the phone, but will verify if a candidate has earned a state certificate or license issued by DANB on behalf of a state board of dentistry. A *Candidate/Certificant Request for Verification* form is available at www.danb.org. Only a candidate/certificant or employer may request written verification. DANB offers verification on its website. See the *Application Statements* for more details.

Washington State Dental Hygiene Drug and Law Exam

Application Statements

Please read the following statements carefully. Candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc.(DANB) for examination by DANB and issuing of my exam scores to the Washington State Department of Health and Hygiene Examining Committee in accordance with and subject to the procedures and regulations of DANB and the Washington State Department of Health and Hygiene Examining Committee. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in DANB's Washington Dental Hygiene Drug and Law Examination application covering the administration of the Washington Dental Hygiene Drug and Law Examination and DANB policies. I agree to disqualification from the examination and to forfeiture and return to DANB of any scores granted me by the Washington State Department of Health and Hygiene Examining Committee based on DANB exam scores in the event that any of the answers or statements made by me in this application are false or in the event that I violate any DANB rules or regulations. I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents, from any and all liability arising out of or in connection with any action or omission by any of them in connection with the exam application, exam administration, state registration and/or state or national certification process, any examination given by DANB, any scoring relating thereto, the failure to issue me an exam application form, exam results and/or certificate (state or national), or any demand for forfeiture or return of such application form, exam results and/or certificate and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost, or expense, including attorneys' fees, arising out of or in connection with said exam application, administration, score reporting, state registration and/or state or national certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR THE Washington Dental Hygiene Drug and Law Examination RESTS SOLELY AND EXCLUSIVELY WITH DANB, BASED ON CRITERIA ESTABLISHED BY THE STATE OF WASHINGTON, AND THAT THE DECISION OF DANB IS FINAL.

Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the state of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the state of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that, should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.

3. I understand that, except as provided below, this application and any information or material received or generated by DANB in connection with this application or the examination process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB Certifications, including the Certified Dental Assistant (CDA), Certified Preventive Functions Dental Assistant (CPFDA), Certified Restorative Functions Dental Assistant (CRFDA), Certified Orthodontic Assistant (COA), Certified Dental Practice Management Administrator (CDPMA) or Certified Oral and Maxillofacial Surgery Assistant (COMSA) Certifications; any DANB Certificates of Competency, including the Radiation Health and Safety (RHS), Infection Control (ICE), Coronal Polish (CP), Sealants (SE), Topical Anesthetic (TA) and Topical Fluoride (TF) Certificates of Competency; and any state-specific certificates administered by DANB on behalf of a state regulatory body, including the Arizona Radiologic Proficiency Certificate, Arizona Coronal Polishing Certificate, Oregon Radiologic Proficiency Certificate, Oregon Expanded Functions Dental Assistant Certificate and Oregon Expanded Functions Orthodontic Dental Assistant Certificate. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any of the DANB-administered credentials listed above and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB Certification status, and my city and state of residence. My full address will not be posted online by DANB. I understand that if I want to opt out of the online verification process, then I must submit a written request for omission of this information to following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611.
4. I understand that by providing my email address on the application form, I am consenting to receive email messages from DANB and its affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my email address to any third party without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at <http://www.danb.org/termsandconditions.asp>.
5. I authorize DANB to release my examination score(s) to state reporting agencies. Individuals cannot opt out of DANB release of exam results to state regulatory agencies. I also authorize DANB to use information from my application and examination(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an examination and from receiving examination scores if DANB determines through proctor observation, statistical analysis, or any other means that I was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of or following the examination.
7. I understand that the content of the DANB examination is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the examination to any person or entity. I understand that the unauthorized receipt, retention, possession, copying, or disclosure of any DANB examination materials, including but not limited to the content of any examination question, before, during, or after the examination, may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of exam scores.
8. I understand that for each application submitted DANB will process the appropriate payment. If I fail to show up for an examination for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full examination fee. I further understand that taking the examination and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the examination whether I pass or fail. I agree not to dispute the examination fee. Passing candidates will not be eligible to retain their scores if the examination fee is not paid in full.



2013 Washington State Dental Hygiene Drug and Law Exam Application

2013 Application and Exam Fees Valid Through December 31, 2013

Fee: \$90

(includes \$40 exam fee and \$50 nonrefundable application fee)

Instructions:

1. Carefully read the Application Statements (on page 6).
2. Complete all items on the application below. (Incomplete applications will be returned and the \$50 nonrefundable application fee retained.)
3. Mail/fax the completed application to DANB with the \$90 application/exam fee or credit card information.
4. In approximately three to four weeks, a Test Admission Notice will be mailed, allowing the candidate to call and schedule the testing date. Candidates are encouraged to call early, as centers and dates fill quickly.

Signature and Date

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB policies and procedures. I further affirm that I have read and understood the application statements contained on page 6, and I intend to be legally bound by them. I understand that the \$50 application fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the examination; and I herewith enclose the examination fee. I hereby agree that prior to examination or subsequent to my exam, the Washington State Dental Health Care Quality Assurance Commission or DANB may investigate my eligibility and may refuse to issue examination and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the fee accompanying the application.

Signature X _____ Date X _____

Candidate Information

Please print clearly.

Candidate's SSN: _____ - _____ - _____

Name (must match ID exactly) _____
(Last) (First) (Middle Name or Initial)

(Previous Name, if applicable) _____ Email _____

Address _____

City _____ State _____ Zip _____

Phone Number(s): Office (____) _____ Home (____) _____ Cell (____) _____ Fax (____) _____

I work in a: ☐ general dental office ☐ specialty dental practice ☐ other (please specify) _____

3935-WSJ

Select Payment Option

Candidate's Name _____ SSN _____ - _____ - _____

- ☐ Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB
Checks must include candidate's name and the name of the exam.

Washington State Dental
Hygiene Drug and Law Exam

Exam Code 3935

- ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Credit Card Authorization: Allows DANB to charge your credit card account. Please complete all information.Credit Card Account Number _____ Expiration Date ____/____/____ Amount: **\$90.00**

Cardholder's Name _____ Cardholder's Signature X _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number (____) _____

By signing, the cardholder acknowledges intent to register the candidate for the aforementioned DANB examination in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained at the examination administration shall be used to indicate receipt of purchase. Candidates who fail to show up for the examination for which they registered and have not cancelled their examination as described in this Guide are still required to pay for the examination. (See Application Statements, page 6, for further requirements.)

Washington State Dental Hygiene Drug and Law Exam

Application Checklist

Have you:

- ☐ Read the instructions and information in this application packet?
- ☐ Read and agreed to be bound by Washington and DANB rules, regulations, policies and procedures as noted in this application packet? (See Application Statements, page 6.)
- ☐ Filled out the Exam Application in its entirety?
- ☐ Signed and dated the Exam Application?
- ☐ Enclosed the application and exam fee (\$90.00) or provided credit card information?
- ☐ Enclosed the *Reasonable Accommodations Request* form, if needed? Note: This form can be found on www.danb.org.
- ☐ Made a copy of your entire application packet for your records?
- ☐ Addressed your envelope?

**Dental Assisting National Board (DANB)
444 N. Michigan Ave., Suite 900
Chicago, IL 60611**

OR prepared your information (credit card payments only) to be faxed to DANB at 312-642-8507?

If you have not

- completed the application in full
- enclosed and signed and dated your application
- provided payment (check, money order, cashier's check) or payment information (credit card)

your application will be considered incomplete and will not be processed.

Incomplete applications will be returned and your \$50 application fee retained.



RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Administrative procedures and requirements	<u>WAC 246-12</u>
Dental Hygienist RCW.....	<u>RCW 18.29</u>
Dental Hygienist WAC	<u>WAC 246-815</u>
Dentistry RCW.....	<u>RCW 18.32</u>

On-Line

AIDS Training Resources	<u>Reference Page</u>
Dental Hygiene Examining Committee	<u>Web page</u>

Continuing Education (CE)

Dental Hygienists Continuing Education WAC	<u>WAC 246-815-140</u>
Hours of training	15 hours/annually